(b) if so, the details thereof and whether Government have taken any further action on the views of PM;

(c) if so, the details of the action plan formulated to remove corruption etc., in DDA; and

(d) the number of complaints received against the DDA in the past one year and the action taken thereon?

THE MINISTER OF STATE INTHE MINISTRY OF URBAN DEVELOP-MENTAND POVERTY ALLEVIATION (SHRIBANDARU DATIATRAYA): (a) to (c) Yes, Sir. Based on analysis of representations received in the Prime Minister's Office, Hon'ble Prime Minister, in a recent communication has pointed the problems of a generic nature faced by Delhi Development Authority (DDA) applicants, as well as shortcomings in the mechanism for redressal of grievances. TTie problems mainly relate to delays encountered in allotment of plots/flats, transfer of registration in favour of legal heirs, refund of registration money, change of address, issue of demand cum allotment letters, possession letters, etc. and inadequate response from DDA to redress the grievances. DDA has initiated action and examination in depth of cases of delay in public dealing departments. Several short term and long term measures have been initiated by DDA to train its work force, introduce computerization and e-governance as well as exercising strict vigilance at all level.

(d) The DDA has reported that 967 representations with respect to the DDA were received in the Prime Minister's Office from January, 1999 to June, 2001. Action on them has been taken.

**Urban population in India**

112. SHRI PREM CHAND GUPTA: Will the Minister of URBAN DEVELOPMENTAL POVERTY ALLEVIATION be pleased to state:

(a) whether it is a fact that at a recent seminar on the United Nation Centre for Human Settlement, it was revealed that the urban population in India, which is 285 million today, will double in the next 25 years;

(b) whether out of the 285 million people living in our cities, 17 million live below the poverty line;

(c) whether it is estimated that Rs. 22,000 crore are required annually to provide drinking water and sanitation alone to its urban inhabitants; and

(d) if so, the long and short term plans of Government to reduce this population surge in the urban sector?

THE MINISTER OF STATE INTHE MINISTRY OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRIBANDARU DATTATRAYA) (a) In a National Seminar on GOOD URBAN GOVERNANCE jointly organized by the Ministry of Urban Development and Poverty Alleviation and United Nations Centre for Human Settlement (UNCHS), it was revealed that India's urban population at present is 285 million. The rate of growth of population in next 25 years will depend on the National Population Policy, population growth and many other steps that may be taken by the Governments.

(b) The number of persons living below poverty line as per 1993-94 data available in the Planning Commission was 76.3 million.

(c) As per India Infrastructure Report 1996, the estimated requirement for drinking water and sanitation is approximately Rs. 22,000 crore per annum.

(d) In order to reduce the population surge the Government has formulated a National Population Policy 2000, by which the population is expected to stabilize by 2045, at a level consistent with the requirement of sustainable economic growth, social development and environmental protection. Some of the salient features of the National Population Policy are given in the Statement.

**Statement**

*The National Population Policy, 2000*

The immediate objective of the National Population Policy is to address the unmet needs of contraception, health infrastructure, health personnel and to provide integrated service delivery for basic reproductive and child health care. The medium term objective is to bring the total fertility rates to replacement level by 2010, through vigorous implementation of inter sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.

In pursuance of these objectives, the following National Socio-Demographic Goals are to be achieved in each case by for 2010 are formulated:

(1) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.

(2) Make school education upto age 14 free and compulsory, and reduce drop outs at primary and secondary school levels to below 20 per cent for both boys and girls.

(3) Reduce infant mortality rate to below 30 per 1000 live births.

(4) Reduce maternal mortality ratio to below 100 per 100,000 live births.

(5) Achieve universal immunization of children against all vaccine preventable diseases.

(6) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

(7) Achieve 80 percent institutional deliveries and 100 per cent deliveries by trained persons.

(8) Achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices.

(?) Achieve 100 percent registration of births, deaths, marriage and pregnancy.

(10) Contain the spread of Acquired Immunodeficiency Syndrome (AIDS) and promote greater integration between the management of Reproductive Trace Infection (RTI) and Sexually Transmitted Infractions (SIT) and the National AIDS Control Organisation.

(11) Prevent and control communicable diseases.

• (12) Integrate Indian System of Medicines (ISM) in the provision of reproductive and child health services, and in reaching out to households.

(13) Promote vigorously the small family to achieve replacement levels ofTFR.

(14) Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centred programme.

To achieve the above goals, the NPP, 2000 envisages constitution of the following bodies:

(i) National Commission on Population

(ii) State/UT Commission on Population

The National Commission on Population was constituted on 11th May, 2000 under the chairmanship of the Prime Minister to oversee and review the implementation of the Policy. The first meeting of the Commission was held on 22nd July, 2000.

State/UT Population Commissions have been constituted in Andhra Pradesh, Aninachal Pradesh, Assam, Haryana, Himachal Pradesh, J&K, Kerala Madhya Pradesh, Maharashtra, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim, Tamil Nadu, A&N Islands and Lakshadweep. Many other States have informed that they are in the process of constituting this Body.

At the first meeting of the National Commission on Population, Prime Minister has announced the formation of an Empowered Action Group, in the Ministry of Health and Family Welfare, in particular for paying focussed attention to those States with deficient national socio-demographic indices. The Empowered Action Group will provide support in respect of design and monitoring of projects and programmes for reproductive and child health, as well as IEC campaigns.

The National Population Policy, 2000 has identified the immediate objectives as meeting the unmet needs for contraception, health care infrastructure and trained health personnel and to provide integrated service delivery, with the following interventions:

(i) Strengthen, community health centres, primary health centres and sub-centres;

(ii) Augment skills of health personnel and health care providers;

(iii) Bring about convergence in the implementation of related social sector programme so that the family welfare programme becomes a people centred programme;

(iv) Integrate package of essential services at village and household levels by extending basic reproductive and child health care through mobile clinics and Counselling services;

(v) Explore the possibility of accrediting private medical practitioners

and assigning them to defined beneficary groups to provide these services and revive the system of licensed medical practitioners, who could provide specified clinical services.

National Population Policy, 2000 *inter-alia* enumerates the following promotional and motivational measures for adoption of the small family norms:—

(1) Panchayats and Zila Pari shads will be rewarded and honoured for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates and promoting literacy with completion of primary schooling.

(2) The Balika Samridhi Yojana run by the Department of Women and Child Development, to promote survival and care of the girl child, will continue. A cash incentive of Rs. 500 is awarded at the birth of the girl child of birth order 1 or 2.

(3) Maternity Benefit Scheme run by the Department of Rural Development will continue. A cash incentive of Rs. 500 is awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award will in future be linked to compliance with ante-natal check up, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.

(4) A Family Welfare linked health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation with not more than two living children, would become eligible (along with children) for health insurance (for hospitalisation) not exceeding Rs. 5000, and a personal accident insurance cover for the spouse undergoing sterilisation.

(5) Couples below the poverty line, who marry after the legal age of marriage, register the marriage, have their first child after the mother reaches the age of 21, accept the small family norms, and adopt a terminal method after birth of the second child, will be rewarded.

(6) A revolving fund will be set up for income-generating activities by village-level staff help groups, who provide community-level health care services.

(7) Creches and childcare centres will be opened in rural and urban slums. This will facilitate and promote participation of women in paid employment

(8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent.

(9) Facilities for safe abortion will be strengthened and expanded.

(10) Products and services will be made affordable through innovative social marketing schemes.

(11) Local entrepreneures at village levels will be provided soft loans and encouraged to run ambulance services to supplement the existing arrangements for referral transportation.

(12) Increased vocational training schemes for girls, leading to self-employment will be encouraged.

(13) Strict enforcement of Child Marriage Restraint Act, 1976.

(14) Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1994.

(15) Self loans to ensure mobility of the AMMS will be increased.

(16) The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 Census levels. The freeze is currently valid until 2001, and has served as an incentive for State Governments to fearlessly pursue the agenda for population stabilisation. The freeze needs to be extended until 2026.

**Grants to U.P. for Urban Development**

113. PROF. M.M. AGARWAL: Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) the total financial grants allocated to the State of Uttar Pradesh for Urban Development in various cities during the Ninth Plan;

(b) the details of amount, out of the total grants utilised, so far, by the State Government; and

(c) the action taken / proposed to be taken by Government in this regard?